

FORM LM-30

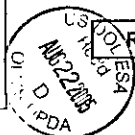
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12353</u>	2. Fiscal Year Covered From <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>RONALD</u> <u>W KENT</u> P.O. Box, Bldg., Room No., if any <u>PO BOX 568</u> Street <u>23 ELM STREET, SUITE 300</u> City <u>PLATTSBURGH</u> State <u>New York</u> ZIP Code + 4 <u>12901-0568</u>	4. Name, file number, and address of labor organization. Name <u>UNITED BROTHERHOOD OF CARPENTERS LOCAL # 1042</u> Labor Organization File Number <u>542-846</u> P.O. Box, Building and Room Number, if any <u>PO BOX 568</u> Street <u>23 ELM STREET, SUITE 300</u> City <u>PLATTSBURGH</u> State <u>New York</u> ZIP Code + 4 <u>12901-0568</u>
5. Position in labor organization. <u>LOCAL UNION PRES/FUNDS TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Ronald W. Kent</u>	On <u>8/15/05</u> Date	<u>518/561-2151</u> Telephone Number

Name of Person Filing RONALD KENT	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name CARPENTERS LOCAL 1042/229 HEALTH CARE FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 1280</p> <p>Street 195 FORT EDWARD ROAD</p> <p>City SO. GLENS FALLS</p> <p>State New York ZIP Code + 4 12803-1280</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDE HEALTH BENEFITS TO UNION MEMBERS</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>EXPENSES PAID FOR MEETINGS ON 1/12/04, 1/13/04, 4/28/04, 4/29/04, 6/29/04, 7/20/04, 8/5/04, 8/6/04, 9/22/04, 9/23/04</p>
	<p>12.b. Amount. \$848</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N/A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing RONALD KENT	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name ADIRONDACK CARPENTERS PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 1280</p> <p>Street 195 FORT EDWARD ROAD</p> <p>City SO. GLENS FALLS</p> <p>State New York ZIP Code + 4 12803-1280</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDES PENSION BENEFITS TO UNION MEMBERS</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>EXPENSES PAID FOR MEETINGS ON 1/12/04, 1/13/04, 4/28/04, 4/29/04, 6/29/04, 7/20/04, 8/5/04, 8/6/04, 9/22/04, 9/23/04</p> <p>12.b. Amount. \$848</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N/A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing RONALD KENT	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name EMPIRE STATE CARPENTERS APP-COMMITTEE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 270 MOTOR PARKWAY, DEPT. B</p> <p>City HAUPPAUGE</p> <p>State New York ZIP Code + 4 11788</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDE TRAINING FOR UNION APPRENTICES AND JOURNEYMEN</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>1/19/04 DINNER \$76.48</p> <p>6/9/04 DINNER \$36.33</p> <p>12.b. Amount. \$113</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N/A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

Name of Person Filing. RONALD KENT	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NWQ INVESTMENT COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 655 SOUTH HOPE ST. 11TH FLOOR</p> <p>City LOS ANGELES</p> <p>State California ZIP Code + 4 90017</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name ADIRONDACK CARPENTERS PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 1280</p> <p>Street 195 FORT EDWARD ROAD</p> <p>City SO. GLENS FALLS</p> <p>State New York ZIP Code + 4 12803</p>	<p>11.a. Nature of such dealing.</p> <p>INVESTMENT MANAGER FOR PENSION FUND</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>8/5/04 DINNER \$81.00</p>
	<p>12.b. Amount. \$81</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N/A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ALLIANCE BERNSTEIN INVESTMENT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any UNKNOWN ADDRESS

Street

City

State ZIP Code + 4

9. Business deals with.

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ADIRONDACK CARPENTERS PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 1280

Street 195 FORT EDWARD ROAD

City SO. GLENS FALLS

State New York ZIP Code + 4 12803

11.a. Nature of such dealing.

INVESTMENT MANAGER INTERVIEWED BUT NOT HIRED FOR PENSION FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

8/6/04 DINNER \$60.00

12.b. Amount.

\$60

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment